

KING GEORGE VETERINARY CLINIC

12378 Kings Highway King George, Virginia 22485

540-775-9439

DENTAL PROPHY ADMITTING FORM

Pet Name: _____ DATE: _____

Owner Name: _____

EXTRACTIONS & OTHER PROCEDURES CONCENT/WAIVER:

Many pets require sedation before a thorough examination can be completed. The condition of each tooth must be evaluated before a decision is made as to the best course of treatment. Although no one likes surprises, it is sometimes impossible to give an accurate estimate before sedation. From an economic standpoint, it is much more economical to complete all needed dental procedures during the initial visit and sedation rather than having to schedule another appointment with additional sedation required. In an effort to satisfy your desires, please initial the appropriate option below:

Please perform whatever procedures & extractions are required at this time.

Please perform whatever procedures and extractions are required up to \$ ____.

Please do nothing more than the requested dental prophy procedure at this time. (I'm aware my pet might need to be sedated again to take care of any procedures not done at this time.)

Please call me after the exam with an estimate for any additional procedures needed, do not proceed without authorization (your pet WILL BE UNDER ANESTHESIA while we do the exam for the estimate and try to contact you for authorization).

Phone number (s) I can be reached today: _____.

Like you our greatest concern is the well-being of your pet. A physical examination will be performed before sedating your pet. An iv catheter and fluids will be administered before, during and after the procedure. This will keep your pet's blood pressure stable, helps the body metabolize anesthetics faster, and promotes a safe recovery.

I hereby authorize and direct King George Veterinary Clinic to perform the procedure(s) noted above and to administer anesthetics and/or other drugs as deemed advisable for my pet. I understand the nature of the procedures and relative risk involved. I authorize King George Veterinary Clinic to provide any appropriate care should an unexpected complication arise.

DATE: _____.

Signature of owner/responsible agent: _____.

Witness Signature: _____.